Name: FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** FILER STATUS < UTAM PAU Employing Office: New Officer or Employee U.S. House of Representatives Candidates - Dete of Election: JUNE 26,2018 & Nov 6,2018 New Member of or Candidete for Stata: District Shared Staff Filer Type (If Applicable): Daytime Telephone:___ For New Members, Candidates, and New Employees TIVE RESOURCE CENTER Principal Assistant FORM B Period Covered: Jenuery 1, 2017 to May 8, 2018 Check if Amendment U.S. HOUS 18 MY 17 AH 11:47 OF REPRESENTATIVES A \$200 penalty shall be assessed against any individual who files more than 30 days late. **到Y** 10. **30**18 Page 1 of 章 (Office Use Only)

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU	D. Did you, your spouse, or your dependent child heve eny reporteble Yes No No No Nor than \$10,000) at eny point during the reporting period?	C. Did you or your spouse heve "earned" income (e.g., seleries, honorerie, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?	A. Did you, your spouse, or your dependent child: a. Own any reportable esset that was worth more then \$1,000 at the end of the reporting period? Or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	
ES THAT YOU ARE REQUIRED TO COMPLETE	SCHEDULE IF YOU ANSWER "YES"	J. Did you receive compensation of more then \$5,000 from a Yes No Single source in the current year end two prior yeers?	F. Did you have eny reportable agreement or arrangement with en outside entity during the reporting period or in the current calender year up through the dete of filing?	E. Did you hold eny reporteble positions during the reporting period or in the current calendar year up through the date of filing?	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Deteils regarding "Qualified Blind Trusts" epproved by the Committee on Ethics and cartain other "excepted trusts" need not be disclosed. Heve you excluded from this report details of such e trust thet benefits you, your spouse, or dependent child? * Š

EXEMPTION – Heve you excluded from this report eny other assets, "uneerned" income, or liabilities of a spouse or dependent child because they meet ell three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Page 2

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	\leq		<	1	D)		Τ	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with amyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you report a privately-traded fund thet is Excepted investment Fund, please check the "t box.	Exclude: Your personal residence, including second fromes and vecation homes (unless there was renta income during the reporting period); and any financia interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privalely-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment provide a complete address or description, e.g. rental property, and a city and state.	all interest own commons, was or emobiled all interest-bening accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	are excount sites exceeds are reporting unlearnable.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that accept the according three-bodge.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).		≥	
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Name: UTAM PAUL

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 3 of 7

SCHEDULE C - EARNED INCOME

Name: UTAM
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Page 4 of 7

List the source, type, end amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer end filer's spouse, list the source end emount of eny honoraria. List only the source for other spouse earned income axceeding \$1,000. See exemples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income mey apply to you after you are on House peyroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27.765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federel retirament programs, and benefits received under the Social Security Act.

	Time	Am	Amount
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ABC Trade Association, Baltimore, MO (July 15)	Honorarium	\$ 0	\$ 500
Examples: State of Maryland Chr. 2)	Salary	\$20,000 \$6	\$76,000
	Spouse Salary	NA	N/A
Nove			

SCHEDULE D - LIABILITIES

ne during the reporting period by you, your spouse, or your dependent child. Merk the highest emount owed during the reporting	
by you, your sp	Name:
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int owed during the reporting	Page 5 of 7
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Merk the highest emount owed during the reporting period. New Members: Members are required to report ell liebilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are e Member); loans secured by eutomobiles, household furniture, or appliences; liabilities of e business in which you own en interest (unless you ere personally llebie); end liebilities owed to you by e spouse or the child, perent, or sibling of you or your spouse. Report e revolving charge account (i.e., credit card) only if the belence et the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

Exa		SP.
	Example First Bank of Wilmington, DE	Creditor
	MO/YR	Date Liability
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Mortgage on Rental Property, Dover, DE	Type of Liability
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SCHEDULE E - POSITIONS

Report ell positions, compenseted or uncompensated, es an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, lebor organization, or educationel or other institution other than the United States. Exclude: Positions held in eny religious, social, fraternal, or political entities (such as political perties end campaign organizations); end positions solely of en honorary nature. New Members end second-year cendidates report positions held in the reporting year. First-year candidates end new employees report positions held in the current calender year end two previous yeers

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SCHEDULE F - AGREEMENTS

Name: フナダイ アろう 잌

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service, continuetion or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	None	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

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	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	None	
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						I have some inventory of book I wrote.	NOTES